Permit No.

File Original and First Copy with Department of Ecology Second Copy — Owner's Copy Third Copy — Driller's Copy

WATER WELL REPORT STATE OF WASHINGTON

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Application	Ν	o.

(1) OWNER: Name Pete JANGIR	Address LANIASTER B. FREEL	AND	782
2) LOCATION OF WELL: County Tsland	_ S/W 14 S/Z 14 Sec. 14 .T.)7n., R	2E W.M
Searing and distance from section or subdivision corner		ec 14	
3) PROPOSED USE: Domestic Industrial Municipal	(10) WELL LOG:		
Irrigation Test Well Other	Formation: Describe by color, character, size of mater show thickness of aquifers and the kind and nature of stratum penetrated, with at least one entry for each	ial and stri the mater change of	icture, and ial in each formation
(4) TYPE OF WORK: Owner's number of well (if more than one)	MATERIAL	FROM	то
New well ♠ Method: Dug ☑ Bored ☐ ☐ Deepened ☐ Cable ☑ Driven ☐	Tor sik	ξ'	<u> </u>
Reconditioned Rotary Jetted	FINE O J'EINU SICC.	10	20
5) DIMENSIONS: Diameter of well inches.	San Regue	94	96
Drilled 27 ft. Depth of completed well 77	CLOURSAND GROY	CAG	KS
6) CONSTRUCTION DETAILS:	FIRE SPAD BR	160	24
Casing installed: Diam from the to 26/ n.	CLEDE. SAMO W.W. GRAY	227	27/
Threaded "Diam. from ft. to ft. Welded Diam. from ft. to ft.	Some all Brown	011	<i>279</i>
Perforations: Yes No			 ,
Type of perforation used			
perforations from ft. to ft.			
perforations from			
Screens: Yes No D COCK			
Manufacturer's Name Type S Model No.		+	
Diam. Slot size 10 from 26/ ft. to 27/ ft. Diam. Slot size from ft. to ft.			
Gravel placed from			
Surface seal: Yes No To what depth?			
Type of water?			
7) PUMP: Manufacturer's Name STA-Rite Type: Submersible HP 5			
8) WATER LEVELS: Land-surface elevation above mean sea level	RICE.	1: >	
tatic level 230 ft. below top of well Date.		1279	
rtesian pressure	Juil 44	, , , , ,	
Artesian water is controlled by (Cap, valve, etc.)	DEPT. C7	<u>: :.06Y</u>	
9) WELL TESTS: Drawdown is amount water level is lowered below static level	Work started	125/	9 , 19
Was a pump test made? Yes No 🖸 If yes, by whom?	WELL DRILLER'S STATEMENT:		
field: /s gal./min. with ft. drawdown after hrs.	This well was drilled under my jurisdiction	and this	report
0 0 0	true to the best of my knowledge and belief.		
tecovery data (time taken as zero when pump turned off) (water level measured from well top to water level)	NAME BAW DRILL INY	" O	
Time Water Level Time Water Level Time Water Level	(Person, firm, or corporation)	(Type or	-
	Address O, Box 55 FREIZE	7	YZY.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Colone De Maria De Maria		
Date of testgal/min. withtt. drawdown afterhrs.	[Signed] (Well Driller)	, /	